



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/010,086
Filing Date	December 6, 2001
First Named Inventor	Robert A. Stanley
Title	System, Method, Software Architecture, and Business Model for an Intelligent Object Based Information Technology Platform
Art Unit	2167
Examiner Name	Jack Choules
Attorney Docket Number	022151-000220US

I hereby appoint:

Practitioners associated with the Customer Number

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

--

OR

Firm or Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

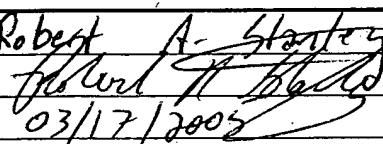
I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert A. Stanley		
Signature			
Date	03/17/2005	Telephone	510-420-8400

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Robert A. Stanley

Application No./Patent No.: 10/010,086

Filed/Issue Date: December 6, 2001

Entitled: System, Method, Software Architecture, and Business Model for an Intelligent Object Based Information Technology Platform

IO Informatics, Inc.

a corporation.

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is ____ %

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Biosentients, Inc. To :CMA Business Credit Services
The document was recorded in the United States Patent and Trademark Office at
Reel 015656, Frame 0764, or for which a copy thereof is attached.

2. From: CMA Business Credit Services To :Sheldon Engelhorn and Susan M. Engelhorn
Revocable Trust DTD-11-3-95
The document was recorded in the United States Patent and Trademark Office at
Reel 015662, Frame 0379, or for which a copy thereof is attached.

3. From: Sheldon Engelhorn and Susan M. To :IO Informatics, Inc.
Engelhorn Revocable Trust DTD-11-3-95
The document was recorded in the United States Patent and Trademark Office at
Reel 015662, Frame 0416, or for which a copy thereof is attached.

Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

03/17/2005
Date
510-420-8400
Telephone number

Robert A. Stanley
Typed or printed name
Robert A. Stanley
Signature
VP, Chief Tech. Officer
Title



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/010,086
		Filing Date	December 6, 2001
		First Named Inventor	Stanley, Robert A.
		Art Unit	2177
		Examiner Name	Jack M. Choules
Total Number of Pages in This Submission	3	Attorney Docket Number	022151-000220US

ENCLOSURES *(Check all that apply)*

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Power of Attorney, Statement Under 37 CFR 3.73(b), Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP Philip H. Albert	Reg. No. 35,819
Signature		
Date	5/20/65	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Julie Taylor Clough		
Signature	Julie Taylor Clough	Date	May 20, 2005